



North Carolina Department of Health and Human Services

Division of Aging and Adult Services

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi
Director

DAAS ADMINISTRATIVE LETTER NO. 04-15

To: Area Agencies on Aging Director, Managing
Senior Community Service Employment Programs

Subject: Standardization of SCSEP Forms

Date: October 13, 2004

Attached please find the updated standard forms to be used by the Senior Community Services Employment Program (SCSEP). These forms incorporate changes made by the Charter Oak Group project for data collection and reporting as directed by the US Department of Labor.

SCSEP forms are to be used for all new enrollees in FY 2004 – 2005 and for all participants enrolled in the SCSEP Program effective July 1, 2005.

Please contact [Marty Martinez](#), Title V Program Coordinator at (919) 733-8395 if you have any questions regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads "Karen E. Gottovi".

Karen E. Gottovi

Attachments

Senior Community Service Employment Program

PRIVACY ACT STATEMENT

PRIVACY ACT STATEMENT

This statement applies to forms used by the Department of Labor for the Senior Community Service Employment program (SCSEP) that contain confidential data from SCSEP applicants and participants. It also describes the collection of this information and how the information will be used.

The Privacy Act of 1974, as amended, requires all Federal agencies, including the Employment and Training Administration (ETA) and its agents, to give the following facts to each person from whom it request information:

- The statutory authority for the request.
- Why the information is needed.
- Whether it is voluntary or mandatory to provide the information.
- For what purpose the information will be used.
- Whether disclosure of the Social Security Number (SSN) is mandatory or voluntary, by what statute or other authority the number is solicited, and what uses will be made of it.

These items are more fully explained in the following sections. If you have any questions about your rights and responsibilities under the Privacy Act, you should ask for assistance from _____.

[Name of SCSEP provider]

I. The Department of Labor's Authorization to Collect Information

The Employment and Training Administration is an agency of the U.S. Department of Labor. The Department's authority to collect information from SCSEP applications and participants is found in the Older Americans Act Amendments of 2000 (OAA Amendments) P. L. 106-501, sections 503(f)(3)-(4); 42 USC 3056(f)(3)-(4). Data collection documents are approved under OMB clearance number 1205-0040 expiring 06/30/07.

II. Why the information is needed

The SCSEP needs information about age, citizenship, health, employability, behavior, family income, environment, and other matters related to your eligibility, assignment, and progress in the SCSEP. The information may be used to:

Senior Community Service Employment Program

PRIVACY ACT STATEMENT

- Determine whether your training and employment needs can best be met through SCSEP or another program in your community.
- Determine whether you meet all eligibility requirements for the SCSEP.
- Provide a basis for determining your progress in the SCSEP.
- Maintain a record of wages and other benefits received.

III. Obligatory and Voluntary Information and Possible Consequences of Withholding Information or Providing False Information

While there are no penalties under the law for refusing to supply information, the SCSEP requires the collection and maintenance of a wide range of personal information about you, including your Social Security Number, to satisfy enrollment requirements. Not supplying the requested information could delay or prevent you from enrolling and participating in the SCSEP.

The provision of false information by you could lead to expulsion from the program or prosecution under the U.S. Criminal Code when such information is used to support a fraudulent claim to benefits.

IV. How the Information is Used

Your SSN will be **not** be used as your SCSEP participant identification number. Rather, a separate number will be used on all SCSEP forms which require a unique identifier.

In carrying out its responsibility under the OAA to administer the SCSEP program, the Department of Labor must sometimes disclose data from its records about you to another agency or individual without your specific written consent. Such disclosures may be made for the following reasons:

- To provide personnel, procurement, or benefit-related information to contractors and agencies to enable them to provide administrative functions for the program, including the maintenance of participant pay records.
- To disclose to researchers and public interest groups those records that are relevant and necessary to evaluate the effectiveness of the overall program and its various training components in serving different subgroups of the eligible population.
- To disclose information to the Office of Management and Budget in connection with its legislative review, coordination and clearance activities.

Senior Community Service Employment Program

PRIVACY ACT STATEMENT

- To provide statistical information to the news media or members of the general public for the purpose of promoting the merits of the SCSEP.
- To provide information to placement and welfare agencies, prospective employers, schools or training institutions to assist in participant employment.
- To provide information to Federal, state, and local agencies and community-based organizations to facilitate statistical research, audit, and evaluation activities necessary to insure the success, integrity, and improvement of the SCSEP and other employment and training programs.

In addition, if a person about whom records are maintained submits a written request to a Member of Congress or his/her staff and that request is forwarded to the U.S. Department of Labor, we may release the information to that Member of Congress or Congressional staff in response to the inquiry made on behalf of the subject of the record.

V. Participant Signature

[Name of SCSEP provider]

has given you a copy of this statement, in accordance with the Privacy Act of 1974, as amended, which explains the uses that will be made of information that you or others might supply_____

[Name of SCSEP provider]

about yourself.

A single copy of this form must be given to each participant for personal reference upon enrollment. Please acknowledge receipt below:

Signature

Date

Printed Name

SCSEP Participant Form

OMB Approval Number: 1205-0040

Expiration Date: 06/30/07

Sub-grantee _____ Local Site _____ Case Worker _____

Participant Information

1. *Last name _____ 2. * First name _____

3. *Middle initial _____ 4. Social Security # _____

5. *Home phone number (____) _____

6. *Mailing address _____

a. Number and Street, Apt. Number; or PO Box _____

b. City _____

c. County _____

d. State _____

e. ZIP Code _____

7. *State of residence if different from mailing address _____

8. *Homeless ☐ Yes ☐ No 8a. *Urban/rural ☐ Urban ☐ Rural

9. *Application date _____ (MM/DD/YYYY)

Eligibility Information

10. *Date of birth _____ (MM/DD/YYYY) 11. *Number in family _____

12. *Receiving public assistance? (Check as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> a. No | <input type="checkbox"/> b. Supplemental Security Income (SSI) |
| <input type="checkbox"/> c. TANF | <input type="checkbox"/> d. State or local welfare (General Assistance) |
| <input type="checkbox"/> e. Food Stamps | <input type="checkbox"/> f. Subsidized housing |
| <input type="checkbox"/> g. Social Security Disability (SSDI) | <input type="checkbox"/> h. Other (specify) _____ |

13. Employed prior to participation?

☐ 1. Employed ☐ 2. Employed, but with notice of termination ☐ 3. Not employed

14. Family income

- | | |
|---|----------|
| a. Total participant wages for quarter before participation | \$ _____ |
| b. Total includable family income for last six months, annualized | \$ _____ |
| c. *Total includable family income for last 12 months | \$ _____ |

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ETA-9120
(June 2004)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040, expiring 06/30/2007. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average eleven (11) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden; send them to the U.S. Department of Labor, Office of National Programs, Room C-4312, Washington, DC 20210 (Paperwork Reduction Project 1205-0040).

SCSEP Participant Form

15. *Family income at or below 100% of poverty level? ☐ Yes ☐ No

16. *Formerly a participant in any SCSEP project? ☐ Yes ☐ No

16a. *Transferred from another project? ☐ Yes ☐ No

If yes, specify grantee code _____

17. Date of most recent recertification _____(MM/DD/YYYY)

Other Personal Characteristics and Information

18. *Gender ☐ Male ☐ Female ☐ Did not voluntarily report

19. *Ethnicity: Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No ☐ Did not voluntarily report

20. *Race (Check as many as apply)

☐ a. American Indian or Alaskan Native

☐ b. Asian

☐ c. Black, African American

☐ d. Native Hawaiian/Pacific Islander

☐ e. White

☐ f. Did not voluntarily report

21. Education _____ last grade completed (Select one code from following list)

00=no grade school

88=GED or certificate of equivalency for HS

18=master's degree

1-11 years of school

13-15 years of school completed (1-3 years of college)

19=doctoral degree

A11=completed 12 years of school but no HS diploma

16=BA/BS or equivalent

21=vocational/technical degree

12=HS diploma

17=education beyond a bachelor's degree

22=associate's degree

22. Limited English Proficiency (LEP) ☐ Yes ☐ No

23. If LEP, please specify primary language _____ (Select one code from following list)

10. Amharic

20. Hebrew

30. Mon-Khmer (Cambodian)

40. Spanish

11. Arabic

21. Hindi

31. Navajo

41. Tagalog

12. Armenian

22. Miao (Hmong)

32. Persian (including Dari)

42. Thai

13. Bosnian

23. Italian

33. Polish

43. Urdu

14. Cantonese (Yue)

24. Hungarian

34. Portuguese

44. Vietnamese

15. French

25. Ilocano

35. Punjabi

45. Yiddish

16. French Creole

26. Japanese

36. Russian

46. Other _____

17. German

27. Korean

37. Samoan

18. Greek

28. Laotian

38. Serbo-Croatian

19. Gujarathi

29. Mandarin

39. Somali

24. Literacy skills deficient? ☐ Yes ☐ No

SCSEP Participant Form

25. Veteran (or spouse of veteran)?

☐ 1. Veteran, 180 days or less

☐ 2. Veteran, more than 180 days

☐ 3. Spouse of veteran

☐ 4. None of above

26. *Disability?

☐ Yes

☐ No

☐ Did not voluntarily report

27. Cultural, social, or geographic isolation?

☐ Yes

☐ No

28. Displaced homemaker?

☐ Yes

☐ No

29. Other social barriers?

☐ Yes

☐ No

If yes, specify_____

30. Poor employment history or prospects?

☐ Yes

☐ No

31. Personal characteristics comments

Certification

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the SCSEP program and may be subject to legal penalties.

32. *Signature of applicant_____

33. *Date of signing_____ (MM/DD/YYYY)

SCSEP Participant Form

Eligibility Determination

34. * ☐ Eligible ☐ Ineligible

35. *If ineligible, reason (Check as many as apply)

- ☐ a. Age ☐ b. Income ☐ c. Residence outside of state
☐ d. Failed to complete application or provide required documentation
☐ e. Other (specify) _____

36. *If ineligible, action taken (Check as many as apply)

- ☐ a. Referred to One-Stop ☐ b. Referred to social services
☐ c. Referred to another project
☐ d. Placed in unsubsidized employment pursuant to MOU
☐ e. Other (specify) _____

Enrollment Information

37. Placed on waiting list? ☐ Yes ☐ No

38. Community service assignment? ☐ Yes ☐ No

39. Grantee name _____

40. Co-enrollments? (Check as many as apply)

- ☐ a. WIA ☐ b. Employment Service ☐ c. Adult Education
☐ d. College/Community College
☐ e. Section 502(e) with this project
☐ f. Section 502(e) with another project _____ (specify grantee code)
☐ g. Other (specify) _____
☐ h. None

41. Enrollment comments

42. *Signature of director or authorized representative _____

43. *Date of eligibility determination _____ (MM/DD/YYYY)

Senior Community Service Employment Program

AGE & INCOME WORKSHEET

Information contained in this Confidential Statement of Age & Income is used only by the Senior Community service Employment Program (SCSEP) staff to determine economic need and eligibility for participation in the SCSEP. This information is required by federal regulation.

☐ Initial enrollment

☐ Reenrollment

☐ Recertification

Print Name of Applicant or Participant

Social Security Number

Age

MONTHLY AMOUNTS					ANNUAL
I. INCLUDABLE INCOME	PARTICIPANT	SPOUSE	FAMILY MEMBER*	OTHER	TOTAL FOR LINE
A. EARNING FROM WORK (show number of months if below 12: _____)					
B. Retirement Pensions (1) Social Security (not disability insurance or SSI benefits)					
(2) Railroad Retirement					
(3) Federal, state, or local government pensions					
(4) Military retirement					
(5) Other regular pension income					
C. RENTAL INCOME (this means net profits; expenses minus revenue)					
D. ANNUITY: Insurance or trust					
E. ALIMONY					
F. Regular cash support from friends, relatives, ect.					
G. OTHER regular income:					
ANNUAL TOTALS					

* If the principal earner of the family, or if the family member contributed 50% or more to the cost of his/her own support

II. EXCLUDABLE INCOME: Place an X in the appropriate space if participant receives income from any of the following sources:

- A. ☐ Aid for Families with Dependent Children (AFDC)
 B. ☐ Disability Benefits (any kind)
 C. ☐ Worker's Compensation

- E. ☐ Supplemental Security Income (SSI)
 F. ☐ Compensation Insurance
 G. ☐ Other (please describe below)

☐ 100%

☐ 125% Poverty level

☐ Ineligible: Reason

I declare that the information reported on the Statement, to be the best of my knowledge and belief, is true, correct, and complete

Signature of participant

Date

Reviewed by:

Date

Senior Community Service Employment Program
INITIAL ASSESSMENT FOR COMMUNITY SERVICE ASSIGNMENT / IEP

Date: _____ Age: _____

Name / SSN: _____ / _____

Address: _____

Date of Birth / Age: _____ / _____

<i>Check One</i>	Yes	No
1. Participant lives alone? If not, with whom? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the participant have any problems with short-term memory, i.e. thinking or decision-making?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the participant have any impairments which prevent him/her from transitioning into unsubsidized placement?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the participant serve as a caregiver for anyone? If yes, give a brief explanation. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the participant been employed in the last twelve (12) months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the participant currently unemployed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the Title V Program serve as the participant's primary means of financial support?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the participant have difficulty finding unsubsidized placement? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the Title V Program provide a short-term solution for the participant?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the Title V program provide a long-term solution for the participant?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Title V Coordinator

**SCSEP Community Service
Assignment Form**

OMB Approval Number: 1205-0040

Expiration Date: 06/30/07

1. Name of participant _____ 2. S.S. # _____

3. Grantee _____

Host Agency Information

4. Name of host agency _____

5. Host agency mailing address

a. Number and Street, Suite Number; or PO Box

b. City

c. State

d. Zip code

6. FEIN _____

7. Host agency type: ☐ a. Private not-for profit ☐ b. Government

Contact Information

8. Host agency site name and location _____

9. Name of contact person _____

10. Contact person's mailing address if different from number 5

a. Number and Street, Suite Number; or PO Box

b. City

c. State

d. Zip Code

11. Contact person's title _____

12. Contact person's phone number _____

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This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040, expiring 06/30/2007. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average five (5) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden; send them to the U.S. Department of Labor, Office of National Programs, Room C-4312, Washington, DC 20210 (Paperwork Reduction Project 1205-0040).

SCSEP Community Service Assignment Form

Assignment Information

13. Assignment date_____ (MM/DD/YYYY)

14. Start assignment date _____ (MM/DD/YYYY)

15. End date _____ (MM/DD/YYYY)

16. Starting wage (per hour) \$ _____

17. Community service assignment code_____ (Select only one code from following list)

Service to the general community includes the following activities:

- | | | |
|------------------------------------|----------------------------------|--------------------------|
| 1. Education | 6. Environmental Quality | 11. Counseling |
| 2. Health and Hospitals | 7. Public Works & Transportation | 12. Conservation |
| 3. Housing and Home Rehabilitation | 8. Social Services | 13. Community Betterment |
| 4. Employment Assistance | 9. Legal | 14. Other_____ |
| 5. Recreation, Parks, and Forests | 10. Financial | _____ |

Service to the elderly community includes the following activities:

- | | | |
|-------------------------------------|------------------------|--------------------------|
| 15. Project Administration | 20. Nutrition Programs | 25. Counseling |
| 16. Health and Home Care | 21. Transportation | 26. Conservation |
| 17. Housing and Home Rehabilitation | 22. Outreach/Referral | 27. Community Betterment |
| 18. Employment Assistance | 23. Legal | 28. Other_____ |
| 19. Recreation/Senior Centers | 24. Financial | |

18. Community service assignment title _____

19. Total hours paid in quarter

Quarter 3 _____

Quarter 4 _____

20. Types of training received (Check all that apply)

- ☐ a. General training
- ☐ b. Specialized training
- ☐ c. On-the job-experience (OJE)
- ☐ d. Other (specify)_____
- ☐ e. None

21. Total hours of paid training received in quarter

Quarter 3 _____

Quarter 4_____

22. Community service assignment comments

Senior Community Service Employment Program
RECORD OF PARTICIPANT ORIENTATION

My initials reflect / acknowledge that the following information concerning my enrollment as a SCSEP participant has been fully explained:

- _____ Goals of the SCSEP Program
- _____ Goals of the Title V Project and Sponsor Organization
- _____ Hours of Work
- _____ Wage Rate
- _____ Submission of Timesheets, Schedule and Method of Wage Payment
- _____ Job Search Sheets
- _____ Joblink Services – Brochures/Flyers
- _____ ESC Services – Brochures/Flyers
- _____ Procedures for Complaint Resolution – Appeals Form
- _____ Procedures for Reporting Assignment – Related Accidents
- _____ Travel Reimbursement
- _____ Participant Meetings
- _____ Available Training
- _____ Task Descriptions
- _____ Volunteerism
- _____ My obligation to report Changes in Income or Family Size
- _____ Recertification
- _____ Allowable and unallowable political activities
- _____ Drug-free Workplace Policy
- _____ Reasons for Termination

I have been given a copy of the Title V Procedures Manual.

Signature of Participant

Date

Senior Community Service Employment Program
POSITION DESCRIPTION

Project (Sub Sponsor)

Worksite Agency

Address

Address

Phone: () _____

Position Location: _____

Position Title: _____

Basic Function of Community Service to be performed by participant:

Tasks:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

(use other side if necessary)

Special Skills Needed:

Prevailing Wage Rate: _____ Actual Wage Rate: _____

Name and Job Title of Immediate Supervisor:: _____

Percentage of time to be spent with participant: _____

Senior Community Service Employment Program
RECORD OF PHYSICAL EXAMINATION

☐ Original Enrollment ☐ Re-certification ☐ Re-enrollment ☐ Annual Update

I, _____
Print Participants Name

Understand that the Title V Program is offering me the opportunity to take a physical examination.

I understand that a physical examination is not an eligibility requirement and the results of the examination are my property, to share with the program coordinator only if I choose to do so.

I also understand that there may be some assignments which under law require health certification, and that I may be excluded from these if I do not have a physical examination.

I understand that the physical examination shall not be taken into consideration in determining placement into community service assignment.

Understanding these conditions fully, I choose to:

_____ Have a physical examination
Participant initials (I agree to have this examination not later than sixty (60) days after my enrollment/re-certification/reenrollment)

_____ Waive a physical examination
Participant initials (I make this decision understanding the possible consequences)

Participant Signature

Date

Program Coordinator Signature

Date

A record of the physical examination must be offered to individuals selected for enrollment, re-certification or re-enrollment within sixty (60) days of the commencement of the position assignment and offered annually thereafter.

Senior Community Service Employment Program
Applicant/Participant Self-Assessment

Applicant/Participant's Name

Date Assessment Completed

Interviewer/Evaluator

Date of Previous Assessment (if any)

How did you learn about the SCSEP program?

Getting to Know You

1. Where were you born?

2. Where did you go to school?

3. What was your first job?

4. How do you spend your free time? Hobbies, etc.?

Senior Community Service Employment Program
Applicant/Participant Self-Assessment

5. What is the most outstanding event in your life?

Employment Skills, Interest, Hobbies (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Answering phones | <input type="checkbox"/> Exercise | <input type="checkbox"/> Photocopying |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Fashion/decorating | <input type="checkbox"/> Problem solving |
| <input type="checkbox"/> Bookkeeping (Computerized) | <input type="checkbox"/> Fixing/Repairing things | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Building Trades | <input type="checkbox"/> Food Service | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Caring for adults | <input type="checkbox"/> Gardening | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Caring for animals | <input type="checkbox"/> Handling food | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Caring for children | <input type="checkbox"/> Health care | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Caring for elderly | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Mailroom | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Mechanics | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Music | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Organizing things | <input type="checkbox"/> Typing |

Explain or add other interest:

How long have you been unemployed?

Senior Community Service Employment Program
Applicant/Participant Self-Assessment

What have you been doing to find a job?

Are you registered with the JobLink Career Center in your area?

☐ Yes ☐ No If yes, date of last contact_____

Do you speak English Fluently ☐ Yes ☐ No

Other languages spoken/written fluently:_____

Job I Would Like to Have

List or describe five (5) jobs you think you would like:

1. _____
2. _____
3. _____
4. _____
5. _____

Senior Community Service Employment Program
Applicant/Participant Self-Assessment

Availability and Preferences for work:

☐ Full-Time ☐ Part-Time _____ Hours per week

☐ Days ☐ Evenings ☐ Weekends

Acceptable wage for unsubsidized job: \$ _____

Income limit? _____

Desired location for unsubsidized job: _____

Transportation: ☐ own car ☐ other's car ☐ bus

☐ other: _____

Physical limitations: _____
(disclosure of any physical limitations is voluntary)

Functional limitations: _____

Other limiting factors: _____
(i.e., family obligations)

Barriers to Employment

Which of the following might effect your ability to perform an assignment at a Training Site or conduct an active job search? (Check all that apply)

Provide any details or explanation necessary:

☐ Age Discrimination _____

☐ Caring for a disabled family member _____

☐ Earning will decrease other benefits _____

☐ Education _____

Senior Community Service Employment Program
Applicant/Participant Self-Assessment

- ☐ Job search skills _____
- ☐ Limited English _____
- ☐ Personal health/disability _____
- ☐ Rent subsidy will increase _____
- ☐ Self confidence _____
- ☐ Transportation _____
- ☐ Work Experience _____

Background & Work History

List the types of jobs or other experience that the applicant/participant had in the past:

Senior Community Service Employment Program
Applicant/Participant Self-Assessment

List the skills that have been acquired from these jobs and/or experience:

List any other relevant skills or abilities the applicant/participant possess:

Education and Training History

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14+

List any college degrees (with majors), licenses or certificates you have
earned:

Senior Community Service Employment Program
Applicant/Participant Self-Assessment

List any other training you have received:

What would you like to learn more about?

Reading Skills Report: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Math Skills Report: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

The information provided is true to the best of my knowledge. I am aware that the information will be used solely for the purpose of constructing an **Individual Employment Plan** for obtaining long term employment. I am aware of my responsibility to seek unsubsidized employment.

Applicant/Participant's Signature

Date

Interviewer's Signature

Date

Participant's Name	Date this IEP Developed
--------------------	-------------------------

To reach this goal the participant still needs to complete the following steps:
(Include specifics actions to be taken, measurable outcomes & deadlines)

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I have assisted in completing the Individual Employment Plan, and I agree with the listed steps to be completed. **I understand that failure to follow through on this plan may result in my termination from the program.**

I certify that this **IEP** Progress review was completed with the participation of the Participant.

SCSEP staff's signature: _____ Date: _____

Senior Community Service Employment Program
Individual Employment Plan Progress Review

Participant's Name

Date of this IEP Progress Review

Instructions: Complete either section **A B or C** as appropriate.

- A.** ☐ The participant has successfully completed the goals and action steps of their ***IEP***. **Stop here.** A new ***IEP*** should now be completed and signed by participant and SCSEP staff.
- B.** ☐ The participant's goal have changed, and he/she now needs to complete a new ***IEP*** **Stop here.** A new ***IEP*** should now be completed and signed by participant and SCSEP staff.
- C.** ☐ The participant still need to complete the goals and action steps of their ***IEP*** as noted:

Participant's immediate and specific goal for this plan is:

To reach this goal the participant still needs to complete the following steps:
(Include specifics actions to be taken, measurable outcomes & deadlines)

This plan will be reviewed, and the next one developed by: _____

I have assisted in completing the Individual Employment Plan, and I agree with the listed steps to be completed. **I understand that failure to follow through on this plan may result in my termination from the program.**

Participant's Signature: _____ Date: _____

I certify that this ***IEP*** Progress review was completed with the participation of the Participant.

SCSEP staff's signature: _____ Date: _____

Senior Community Service Employment Program
PARTICIPANT TRAINING DATA

Name of Participant

Agency

[illegible]

Senior Community Service Employment Program
PARTICIPANT JOB SEARCH SHEET

COMPANY #1 NAME: _____

ADDRESS

CONTACT PERSON _____

PHONE NUMBER _____

CONTACT DATE _____ **COMPLETED APPLICATION? YES/NO**

INTERVIEW SCHEDULED? YES/NO **IF YES,** _____

COMPANY REPRESENTATIVE NOTES AND SIGNATURE:

COMPANY #2 NAME: _____

ADDRESS

CONTACT PERSON _____

PHONE NUMBER _____

CONTACT DATE _____ **COMPLETED APPLICATION? YES/NO**

INTERVIEW SCHEDULED? YES/NO **IF YES,** _____

COMPANY REPRESENTATIVE NOTES AND SIGNATURE:

TITLE V PARTICIPANT NAME _____ **Date** _____

SCSEP Exit Form

OMB Approval Number: 1205-0040

Expiration Date: 06/30/07

1. Name of participant _____ 2. S.S. # _____

3. Participant mailing address (if changed)

a. Number and Street, Apt. Number; or PO Box

b. City

c. County

d. State

e. ZIP Code

4. Phone number of participant (if changed) _____

5. Exit due to unsubsidized placement?

1. ☐ Yes, regular employment ☐ 2. Yes, self-employment ☐ 3. No

6. If exit is not due to unsubsidized employment, other reason for exit (Select one only)

☐ a. Moved from area

☐ b. For cause

☐ c. Voluntary

☐ d. Non-income eligible

☐ e. Transferred to another project (specify grantee code) _____

☐ f. Other (specify) _____

☐ g. Deceased

☐ h. Health/medical

☐ i. Family care

☐ j. Institutionalized

☐ k. Withdrew from waiting list

7. Date of exit _____ (MM/DD/YYYY)

Waiver of Confidentiality

I, _____, hereby authorize _____
[name of participant] [name of employer]

to release to _____ information regarding my employment status
[name of sub-grantee]

and wages for a period of thirteen months from the date below. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected with the Senior Community Service Employment Program (SCSEP) in a manner that is individually identifying.

8. Signature of participant _____ 9. Date of signing _____
(MM/DD/YYYY)

10. Exit comments

Authorized for Local Reproduction

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(June 2004)

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Senior Community Service Employment Program
STATEMENT OF HOURS OF WORK

Date: _____

☐ Fewer than 20 hours

☐ More than 20 hours

☐ More than 25 hours

Name of Participant: _____

I understand that I am being offered a minimum average of twenty (20) hours per week as a Senior Community Service Employment Program participant.

For reasons which I am stating below, I am requesting to work ☐ more than ☐ less than the 20 hours a week I am being offered.

I understand that a request for more than twenty-five (25) hours per week must have regional authorization.

My signature on this statement indicates I understand that I am voluntarily requesting an assignment to a Title V position which requires an average of _____ hours of part-time work per week.

This is ***only*** my preference. I understand that there is no obligation from the sub sponsor, or the worksite agency to grant me this request.

Reasons:

Effective : From _____ To _____

Signature of Participant

Date

Signature of Program Coordinator

Date

Signature of Regional Coordinator

Date

☐ Approval ☐ Disapproval
(If requesting 25 hours or more only)

Senior Community Service Employment Program
SUPERVISOR'S EVALUATION OF PARTICIPANT PERFORMANCE

Date: _____ ☐ Performance review ☐ Annual Evaluation

Name: _____ **SSN:** _____

Position Title: _____ **Months in Position Title:** _____

Host Agency: _____ **Phone:** _____

Immediate Supervisor (cannot be program coordinator) _____

		Needs		
	Unsatisfactory	Improvement	Average	Excellent
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumes Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works with supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Describe needed improvements: (weakness)

2. Action Plan to achieve improvements: (specific training)

3. Immediate Supervisor's Comments: (quality of work/strengths etc.)

Signature of Supervisor _____ Date: _____

4. Program Coordinator's Comments:
(chances for unsubsidized placement/estimated time of placement etc.)

Signature of Program Coordinator _____ Date _____

5. Participant's Comments:

I have had the opportunity to discuss and comment on the contents of this evaluation with my Supervisor and Program Coordinator. I understand that my signature does not mean I fully agree with the comments, it only means I have reviewed the evaluation. I understand that this evaluation will become part of my permanent file and that a copy will be furnished to me upon request.

Signature of participant _____ Date _____